

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90003 034 ****70.00

DOCUMENT # N00000002632

1. Entity Name

LOVE AND HOPE FOUNDATION INC

Principal Place of Business

P.O. BOX 260722
 TAMPA FL 33685-0722

Mailing Address

P.O. BOX 260722
 TAMPA FL 33685-0722

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0970442

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, JAZMIN J
7516 ARMAND CIR.
TAMPA FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **Chairperson**
 STREET ADDRESS **JAZMIN J. RODRIGUEZ**
 CITY-ST-ZIP **7516 ARMAND CIR TAMPA FL 33634**

TITLE ☐ Delete
 NAME **Vice Chairperson**
 STREET ADDRESS **MANUEL DURAN E.O.D.**
 CITY-ST-ZIP **10641 WAYBRIDGE DR TAMPA FL 33626**

TITLE ☐ Delete
 NAME **Sec.**
 STREET ADDRESS **CARMON C. PHILLIPS**
 CITY-ST-ZIP **2874 MEADOWWOOD DR CLEARWATER FL 33761**

TITLE ☐ Delete
 NAME **TRPS.**
 STREET ADDRESS **TONY MOREJON**
 CITY-ST-ZIP **P.O. BOX 1110 TAMPA FL 33601**

TITLE ☐ Delete
 NAME **DIRECTORS**
 STREET ADDRESS **IRIS CORSEDO**
 CITY-ST-ZIP **6416 AMUNDSON ST TAMPA FL 33634**

TITLE ☐ Delete
 NAME **DIN**
 STREET ADDRESS **GRACIELA A. VAZQUEZ**
 CITY-ST-ZIP **4721 EL DORADO DR TAMPA FL 33615**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/23/01

901-LAHF

CR2E037 (10/00)